

FROM: TOO KOOL

PHONE NO. : 928 768 1970

Jun. 15 2005 12:02PM P1/2



Too Kool Recreation, L.L.C.

1860 E. Hammer Lane
Ft. Mohave, AZ 86426

Phone/Fax: 928-768-1970
Cell: 928-201-4663
Toll Free: 1-888-462-4015

Fax Transmittal Form

To Mr. Ramon O. Ramirez

From

Robert Hood

Name:

Organization Name/Dept:

CC:

Phone number:

Fax number:

Phone/Fax: 928-768-1970
Cell: 928-201-4663
Toll Free: 1-888-462-4015

☒ Urgent

☐ For Review

☐ Please Comment

☐ Please Reply

Date sent:

Time sent:

Number of pages including cover page:

RECEIVED
CENTRAL FAX CENTER

JUN 15 2005

Message:

Page 1 of 2 for Power of Attorney

BEST AVAILABLE COPY

PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
to a collection of information unless it displays a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/688,616
Filing Date	10/20/2003
First Named Inventor	Robert K. Hood
Title	DETACHABLE SWIMMING POOL SHADE AND SPORT MOUNTING
Art Unit	3632
Examiner Name	Ramirez, Ramon O.
Attorney Docket Number	137-H

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

**RECEIVED
CENTRAL FAX CENTER**

JUN 15 2005

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Michele Holden	44,576

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

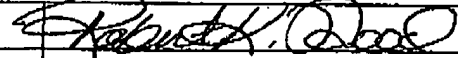
<input checked="" type="checkbox"/> Firm or Individual Name	Law Office of Michele Holden				
Address	212 N. 4th Street, Suite 7				
City	Kingman	State	AZ	Zip	86401
Country	USA				
Telephone	(928) 718-1211	Fax	(928) 718-5545		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	6-15-05
Name	Robert K. Hood	Telephone	928-768-1970
Title and Company President TOO KOOL Recreation			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1460. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.